

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 3: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J65738

(3)

1. Corporation Name

USA INSURANCE CENTER, INC.

Principal Place of Business

Mailing Address

501 MARY ESTHER CUTOFF #4
FORT WALTON BEACH FL 32548

501 MARY ESTHER CUTOFF #4
FORT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/30/1987

3a. Date of Last Report

01/27/1994

4. FBI Number

59-2764947

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 203 NE HOLLYWOOD BLVD

26 203 NE HOLLYWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FORT WALTON Bch

28 FORT WALTON Bch 1

24 Zip

Country

29 Zip

Country

32548

OKALOOSA

32548

OKALOOSA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIMSLEY, JAMES W.
25 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NOTHSTEIN, MARGARET NORE
STREET ADDRESS 909 LOIS ST.
CITY-ST-ZIP FORT WALTON BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME HAYES, TOMMY LEVON
STREET ADDRESS 216 N.W GERALD STREET
CITY-ST-ZIP FT. WALTON BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Margaret Noeren Notthstein, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
MARGARET NOREEN NOTHSTEIN, PRESIDENT

2/27/95

904-243-0665